AUTHORISATION REQUEST FORM FOR ACCESS TO THE EERDL AREA (AFTER WORKING HOURS, DURING WEEKEND(S) OR HOLIDAY PERIOD)

We* request to be authorized to have access to the EERDL on the following date(s) and during the following time(s):

for our research work.

Our names are as follows:

1.
2.
3.
4.

* At least 2 persons

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Approved by Dr. H. H. Ngo, Engineering Manager, Environmental Engineering R & D Laboratory

Signed: --------------------------------------------